

VOLLEYBALL CLINIC

Sponsored by the City of Huntsville Parks & Recreation

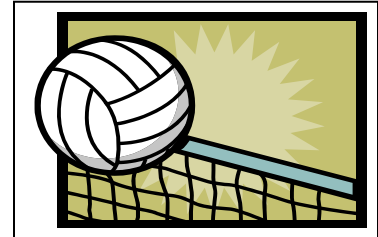
WHERE: CHALLENGER ELEMENTARY SCHOOL GYM

WHEN: JUNE 1 - 4, 2015

TIME: 5 PM - 6:30 PM

FEE: FREE

AGES: 10-14



INSTRUCTOR: ROSE POWELL -RCVC

FOR MORE INFORMATION PLEASE CALL: 256-883-3715 OR EMAIL

CHALL.PROG@HUNTSVILLEAL.GOV



Detach here

VOLLEYBALL CLINIC

NAME: _____

ADDRESS: _____ CITY & ST: _____ ZIP: _____

TELEPHONE: _____ M__F__ AGE: _____ YEARS OF EXPERIENCE _____

ARE YOU UNDER A DOCTORS' CARE OR TAKING MEDICATION? __Y__N

IF YES, PLEASE EXPLAIN _____

CONTACT PERSON (IN CASE OF EMERGENCY): _____ TELEPHONE: _____

In consideration of your accepting my entry, I hereby, for myself, my heirs, executors and administrators, waiver and release any and all rights and claims for damages I may have against the City of Huntsville and its representatives, successors and assigns for any and all injuries suffered by myself at any activity sponsored by the department.

Signature: _____ Date: _____